

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 104

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Zel Rice Mailing Address 1519 W Montgomery St City State Zip Code Sparta WI 54656-1004 FEC ID number of contributing federal political committee. C Name of Employer Arndt Buswell & Thorn S.c. Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Date of Receipt MM / DD / YYYY 02 / 09 / 2007 Transaction ID: C35873 Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) James Riordan Mailing Address P.O. Box 8190 1717 W. Broadway City State Zip Code Madison WI 53708 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 03 / 12 / 2007 Transaction ID: C35990 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Shirley Roberts Mailing Address W20581 Howley Ln City State Zip Code Arcadia WI 54612-8282 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 01 / 04 / 2007 Transaction ID: C35857 Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		700.00
TOTAL This Period (last page this line number only) ▶		